FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91521 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

P98000048340

1. Entity Name

ACTELL Elderly Care, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1130 E. Donegan Ave.		1130 E. Donegan Ave.	
Suite, Apt. #, etc. Suite #10		Suite, Apt. #, etc. Suite #10	
City & State Kissimmee, Florida		City & State Kissimmee, Florida	
Zip 34744	Country U.S.A	Zip 34744	Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3516109 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

10. OFFICERS AND DIRECTORS

TITLE	President/Ceo_Director	TITLE	
NAME	Dennis, Terrel	NAME	
STREET ADDRESS	4629 Cheyenne Point Trail	STREET ADDRESS	
CITY-ST-ZIP	~~Kissimmee,Florida 34746~~	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Terrel Dennis 4/25/03 407 518 1437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #